

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90094 035 ***150.00

DOCUMENT # J35024

1. Corporation Name
LAKE REGION REALTY COMPANY

Principal Place of Business

6700-S-FLORIDA-AVE
SUITE-41-
LAKELAND-FL-33813
US-

Mailing Address

PO BOX 6016
LAKELAND FL 33807
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1986

4. FEI Number

59-3107434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6700 S Florida Ave.

2a. Mailing Address

26 P. O. Box 7667

Suite, Apt. #, etc.

22 Suite 6

Suite, Apt. #, etc.

27

City & State

23 Lakeland, FL

City & State

28 Lakeland, FL

Zip

24 33813

Country

25 US

Zip

29 33807

Country

30 US

9. Name and Address of Current Registered Agent

ELLSWORTH, W WM JR
6700 S FLORIDA AVE
STE 6
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SB- ☒ DELETE

NAME KAVNEY, LINDA -
STREET ADDRESS 6700-S-FLORIDA-AVE.-#6
CITY-ST-ZIP LAKELAND FL

TITLE P ☒ DELETE

NAME LESTER, ANGELA L
STREET ADDRESS 6700-S-FLORIDA-AVE-STE-11
CITY-ST-ZIP LAKELAND FL 33813 -

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition

1.2 NAME Doris W. Ellsworth
1.3 STREET ADDRESS 6700 South Florida Ave., Ste. 6
1.4 CITY-ST-ZIP Lakeland, FL 33813

2.1 TITLE S ☒ Change ☒ Addition

2.2 NAME Ann E. Rieger
2.3 STREET ADDRESS 6700 South Florida Ave., Ste. 6
2.4 CITY-ST-ZIP Lakeland, FL 33813

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris W. Ellsworth President
DORIS W. ELLSWORTH

3/10/99
Date

941/644-9197
Daytime Phone #

CR2E034 (11/98)